

| SENDER: COMPLETE THIS SECTION  |  | COMPLETE THIS SECTION ON DELIVERY   |  |
|--|--|---|--|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | <p>A. Received by (Please Print Clearly) B. Date of Delivery</p> <p>C. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p>   |  |
| <p>1. Article Addressed to:</p> <p>John Ashcroft<br/>U.S. Atty. General<br/>Main Justice Bldg.<br/>Rm 511<br/>10th + Constitution Ave.<br/>Washington, DC 20530</p>  |  | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |  |
| <p>2. Article Number (Copy from service label)</p> <p>7000 0520 0023 0164 7562 (182)</p>   |  | <p>LOC MAILROOM</p>   |  |
| <p>PS Form 3811, July 1999 Domestic Return Receipt</p>   |  | <p>102595-00-M-0952</p>   |  |

FILED  
HARRISBURG

MAR 13 2001

MARY E. DIANDREA, CLE

Per *[Signature]*  
DEPUTY CLERK

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| <p>1. Article Addressed to:</p> <p>David Barasch<br/>PO Box 11754<br/>Harrisburg, PA 17108</p>   |  | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |  |
| <p>2. Article Number (Copy from service label)</p> <p>7000 0520 0023 0164 7579 (282)</p>   |  | <p>FEB 27 2001</p>  |  |
| <p>PS Form 3811, July 1999 Domestic Return Receipt</p>   |  | <p>102595-00-M-0952</p>   |  |

1-CV-00-163

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